PTO/S8/22 (06-03)

Approved for use through 7/31/2006. OMB 0651-0031

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Under the Perponeoric Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number (Optional) RECEIVED PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) PF030103 CENTRAL FAX CENTER In re Application of BEN VAN HAEGENDOREN ET AL. Application Number 10/561,142 Filed December 19, 2005 SEP **2 9** 2008 For NETWORK EQUIPMENT AND A METHOD FOR MONITORING CUSTOMER NO.: 24498 THE START UP OF SUCH EQUIPMENT Examiner Bradford A. Rodgers-Farmer Art Unit 2114 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired): \$120.00 One month (37 CFR 1.17(a)(1)) ☐ Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, \boxtimes or credit any overpayment, to Deposit Account Number 07-0832. I have enclosed a duplicate copy of this sheet. applicant/inventor. Lam the assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). ☑ attorney or agent of record. Registration Number 36.269 attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. September 29, 2008 Date (609) 734-6828 ROBERT D. SHEDD Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

This collection of information is required by 37 CFR 1.136(s). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and autimiting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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